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DATE RECEIVED

Prefix Serial

Washington, D.C. 20549 FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

OTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D OCT 29 2002 **SECTION 4(6), AND/OR** 

RECEIVED

UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (Check idment and name has changed, and indicate change.) T&E Ventures, LLS embership Interests Filing Under (Check box(es) that apply.): Rule 505 X Rule 506 ULOE Rule 504 Section 4(6) X New Type of Filing: Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer (Check if this is an amendment and name has changed, and indicate change.) T&E Ventures, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (including Area Code) 3015 Main Street, Suite 403, Santa Monica, California 90405 310-300-0457 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (including Area Code) (if different from Executive Offices) - same as above -— same as above — Brief Description of Business Investments. X other (please specify): : Type of Business Organization: corporation limited partnership, already formed business trust limited partnership, to be formed limited liability company Month Year 0 9 0 2 X Actual Estimated Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State; CN for Canada; FN for other foreign jurisdiction.)

## **GENERAL INSTRUCTIONS**

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.502 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any change thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice

A. BASIC IDENTIFICATION D	ATA								
2. Enter the information requested for the following:									
• Each promoter of the issuer, if the issuer has been organized within the past five years;									
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity									
securities of the issuer;									
• Each executive officer and director of corporate issuers and of corporate general a	ınd managing pa	rtners of partnership issuers; and							
Each general and managing partner of partnership issuers.									
Check Box(es) that Apply: X Promoter Beneficial Owner X Executive Officer ▲	Director	General and/or Managing Partner							
Full Name (Last name first, if individual)  Smith, Roberta J.									
Business or Residence Address: (Number and Street, City, State, Zip Code) 3015 Main Street, Suite 403, Santa Monica, California 90405									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual)		The state of the s							
Business or Residence Address: (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual)									
Business or Residence Address: (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual)									
Business or Residence Address: (Number and Street, City, State, Zip Code)									
business of Residence Address. (Number and Street, City, State, Elp Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual)									
Business or Residence Address: (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual)									
Business or Residence Address: (Number and Street, City, State, Zip Code)									
business of Residence Address. (Number and Sucer, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual)		4							
Business or Residence Address: (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual)									
Business or Residence Address: (Number and Street, City, State, Zip Code)									
Submitted of Accordance Address. (Addition and Street, Oil), State, Dip Code)									
(Use blank sheet, or copy and use additional copies of thi	s sheet, as neces	sary.)							

**▲** Manager

					B. I	NFOR	MATI	ON A	BOUT	OFFE	RING					
1. Has the	issuer s	sold, or o	does the	issuer i Column	ntend to 2, if fili	sell, to	non-acc	credited E.)	investor	rs in this	offering	g?	·····		Yes	No X
2. What is	the min	nimum i	nvestme	nt that	will be a	ccepted	l from a	ny indiv	idual?		************	•••••••		• • • • • • • • • • • • • • • • • • • •	. <b>s</b>	n/a
3. Does th	ie offeri	ng perm	it joint c	wnersh	ip of a s	single ui	nit?				************		•••••••••		Yes X	No
person	ration for agent or agent or (5) po	or solici t of a br	tation of oker or	f purcha dealer r	asers in egistere	connect d with t	tion with the SEC	h sales o c and/or	of securi with a s	ties in that	ne offer tates, li	ing. If a	person to ne of the	be listed broker o	d is an r deale	or similar associated er. If more t broker or
Full Name (	Last nar	ne first, i	f individ	ual)												
Business or	Residen	ce Addre	ess: (Nu	mber an	d Street,	City, St	ate, Zip	Code)				· · · · · · · · · · · · · · · · · · ·				
Name of As	sociated	Broker o	or Dealer	•												
States in wh														<del></del>		
(Check	"All Sta	tes" or cl	neck indi	vidual S	States)	***********	•••••			•••••			•••••		[]	All States
AL	AK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID				
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO				
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA				
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR				
Full Name (	Last nan	ne first, i	f individ	ual)												
Business or	Residen	ce Addre	ss: (Nu	nber and	d Street,	City, St	ate, Zip	Code)	<del></del>				<del></del>			
Name of As	sociated	Broker o	or Dealer													-
States in wh	ich Perso	on Listed	Has Sol	licited or	r Intends	to Solic	cit Purch	asers		·	,					·
(Check	'All Stat	tes" or ch	eck indi	vidual S	itates)	••••••	************									All States
AL	AK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID				
IL	ΙN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO				
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA				
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR				
Full Name (1	Last nan	ne first, i	f individ	ual)		construction of the second			o ang mangagan da ang mangagan Sa ang mangagan da ang mangaga			angunung				
Business or	Residenc	ce Addre	ss: (Nur	nber and	1 Street,	City. Sta	ate, Zip	Code)		*****						
					,											
Name of Ass	sociated	Broker o	r Dealer													
States in white (Check '																All States
AL	AK	ΑZ	AR	CA	СО	СТ	DE	DC	FL	GA	HI	ID				
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO				
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA				
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR				

1.	Enter the Aggregate price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount <u>Already Sold</u>
	Debt\$	-0	<u> </u>	-0-
	Equity	-0	<u> </u>	-0-
	Convertible Securities (including warrants)	-0	<u> </u>	0-
	Partnership Interests \$	0	<u> </u>	0-
	Other (Specify: Membership Interests )	632,50	<u>0</u> \$	230,000
	Total	632,50	<u>o</u> s	230,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is "none" or "zero."  Accredited Investors	Number of <u>Investors</u> 9	s	Aggregate Dollar Amount of Purchases 230,000
	Non-accredited Investors		_ s	-0-
	Total (for filings under Rule 504 only)		_ s	
	(Answer also in Appendix, Column 4, if filing under ULOE.)	n/a	_	n/a
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.  Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	n/a	\$	n/a
	Regulation A	n/a	\$	n/a
	Rule 504	n/a	\$	n/a
	Total	n/a	<u> </u>	n/a
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	•••••	\ \ \	-0-
	Printing and Engraving Costs	•••••••	X s	500
	Legal Fees		X s	10,000
	Accounting Fees		s	-0-
	Engineering Fees		s	-0-
	Sales Commissions (specify finders' fees separately)		s	-0-
	Other Expenses (Identify: Blue Sky Fees; Miscellaneous Offering Expenses)		X s	2,500
	Total			13,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

10	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	S AND I	JSE OF PRO	OCEEDS	
	<b>b.</b> Enter the difference between the aggregate offering price given in response Part C—Question 1 and total expenses furnished in response to Part C—Question 4.a. The difference is the "adjusted gross proceeds to the issuer."	nis		\$	619,500
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed be used for each of the purposes shown. If the amount for any purpose is not known, furn an estimate and check the box to the left of the estimate. The total of the payments list must equal the adjusted gross proceeds to the issuer set forth in response to Part C Question 4.b above.	ish ted			
			Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and fees	[] \$	-0-	s	-0-
	Purchase of real estate	\ \ \	-0-	s	-0-
	Purchase, rental or leasing and installation of machinery and equipment	\$	-0-	s	-0-
	Construction or leasing of plant buildings and facilities	s	-0-	s	-0-
	Acquisition of other business (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another				
	issuer pursuant to a merger)	ш.	-0-	<b>S</b> _	-0-
	Repayment of indebtedness	[ \$ .	-0-	<b>S</b>	-0-
	Working capital	[ \$ ]	-0-	<b>X</b> \$ _	17,000
	Other (specify):			_	
	Investment in BizExpense, Inc.	\$	-0-	<b>X</b> s _	602,500
		S	-0-	s	-0-
	Column Totals	X s	-0-	<b>X</b> \$	619,500
	Total Payments Listed (column totals added)	•••••••••	X \$6	19,500	_
<del>-</del>	D. FEDERAL SIGNATURE				\$1.5
foll of	e issuer has duly caused this notice to be signed by the undersigned duly authorized per owing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities a its staff, the information furnished by the issuer to any non-accredited investor pursual ference between the aggregate offering price given in response to Part C—Question 1 and t	and Excharant to para	nge Commissio	n, upon wr	itten request
Issu	er (Print or Type) Signature	Date			
	T&E Ventures, LLC		10-22	-01	
Nar	ne of Signer (Print or Type) Title of Signer				
_	Roberta J. Smith Ma	nager			
					_
	— ATTENTION —				
	Intentional misstatements or omissions of fact constitute federal crimina	l violatio	ns. (See 18 U	.S.C. 100	1.)

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